

Changes for Tax Year 2005 Highlights

Common problems & suggestions:

1. Primary SSN, Secondary SSN, Student SSN, Employee's SSN must be in the valid range established by IRS. And numeric only. Many returns had SSN like 'APPLIED', '111111111', '999999999')
2. All W-2 information (FEIN, State Name, State wages and tips) fields must be present in bar code.
3. Ensure all W-2 forms are included in barcode.
4. Decimals were included in money field.
5. Dates should always be a valid date within the tax year. The date should be between 01/01/2005 and 12/31/2005
6. Conserve space in barcode - do not include empty or blank schedules.

Barcode placement:

We try to closely follow 2D Barcode standards finalized by NACTP.

The X (horizontal) dimension of the barcode element should range from a minimum of 10 mils to a maximum of 25 mils.

The minimum Y/X ratio of the barcode element should be 2.

The minimum error correction level should be 4.

The minimum DPI for barcode is 400.

SR NO	Form Type	Header	Delimiters	Field Size
1	Header	T1	2	6
2	IL-1040	**2DIL10402005**	104	945
3	Schedule NR	**2DILNR**	104	878
4	Schedule M	**2DILM**	51	460
5	Schedule ED	**2DILED**	81	1200
6	IL-4562	**2DIL4562**	11	102
7	IL-1299C	**2DIL1299-C**	13	122
8	W2	**2DILW-2**	6	49
9	W2G	**2DILW-2G**	6	55
10	1099R	**2DIL1099-R**	6	52
12	Trailer	*EOD*	1	5
	Total		385	3874
	Total Characters		4259	

Section 4

Header

Field Reference	Description	Field Size	Field Type	Comments, acceptable values
Code and Header Version		2	Alphanumeric	Value = T1.
Developer Code	NACTP ID	4	Numeric	Assigned by the NACTP.

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IL-1040

Field #	Line #	Description	Field Size	Field Type	Comments, acceptable values
	Static	IL-1040 2004 Identifier	16	Alphanumeric	**2DIL10402005**
0020	A	Primary Taxpayer's Date of Death	8	Numeric	YYYYMMDD - Valid Date within Tax Year of return filed. Date deceased of Primary Taxpayer should be printed above Primary Taxpayer's SSN if applicable with word: "Deceased" ex: "Deceased 11/01/2005".
0040	A	Secondary Taxpayer's Date of Death	8	Numeric	YYYYMMDD - Valid Date within Tax Year of return filed. Date deceased of Secondary Taxpayer should be printed above Secondary Taxpayer's SSN if applicable with word: "Deceased" ex: "Deceased 11/01/2005".
0010	A	Primary Taxpayer's SSN	9	Numeric	9 digits only - no hyphens or special characters - Must be within valid range established by IRS . Required Field.
0030	A	Secondary Taxpayer's SSN	9	Numeric	9 digits only - no hyphens or special characters - Must be within valid range established by IRS . Required Field when filing status is Married Filing Jointly or Married Filing Separately.
0051	B	Primary Taxpayer's Last Name	20	Alphanumeric	Allowable special charecters are space and hyphen (-) Required Field.
0052	B	Primary Taxpayer's Suffix	3	Alphanumeric	No special characters allowed
0053	B	Secondary Taxpayer's Last Name	20	Alphanumeric	Allowable special charecters are space and hyphen (-) . Required Field when filing status is Married Filing Jointly.
0054	B	Secondary Taxpayer's Suffix	3	Alphanumeric	No special characters allowed
0056	B	Primary Taxpayer's First Name	15	Alphanumeric	Allowable special charecters are space and hyphen (-) .No prefixes. Required Field.
0057	B	Primary Taxpayer's Middle Initial	1	Alphanumeric	No special characters allowed
0058	B	Secondary Taxpayer's First Name	15	Alphanumeric	Allowable special charecters are space and hyphen (-) .No prefixes. Required Field.
0059	B	Secondary Taxpayer's Middle Initial	1	Alphanumeric	No special characters allowed
0062	B	Foreign Street Address	35	Alphanumeric	No punctuations -- ex: "AVE." should be "AVE" & "N." should be "N"
0064	B	Foreign City, State or Provience and Postal Code	35	Alphanumeric	Allowable special characters are forward slash (/), percent (%), number sign (#), hyphen (-) and space
0066	B	Foreign Country	22	Alpha	Allowable special character is: space
0070	B	Care-of-Name	35	Alphanumeric	First & Last Name, no punctuation or special characters.

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Field #	Line #	Description	Field Size	Field Type	Comments, acceptable values
0080	B	Street Address	35	Alphanumeric	Allowable special characters are forward slash (/), percent (%), number sign (#), hyphen (-) and space No punctuation -- ex: "AVE." should be "AVE" & "N." should be "N." Required Field.
0083	B	City	20	Alpha	Allowable special character is: space Required Field.
0087	B	State	2	Alpha	Standard Postal Abbreviation. (Including Foreign military bases & U. S. possessions). Required Field.
0095	B	Zip Code	9	Numeric	Left justified - no hyphens or special characters. Required Field.
0130	C	Single Filing Status	1	Alpha	Blank or "X", "X" = box is checked, Blank = box is not checked.
0131	C	Married Filing Jointly Status	1	Alpha	Blank or "X", "X" = box is checked, Blank = box is not checked. If checked ("X"), then Secondary Taxpayer's SSN must be present.
0132	C	Married Filing Separately Status	1	Alpha	Blank or "X", "X" = box is checked, Blank = box is not checked. If checked ("X"), then Secondary Taxpayer's SSN must be present.
0133	C	Widowed Filing Status	1	Alpha	Blank or "X", "X" = box is checked, Blank = box is not checked.
0200	1	Federal Adjusted Gross Income	9	Numeric	
0210	2	Federally Tax-Exempt Interest	9	Numeric	Cannot be negative.
0230	3	Other Additions Total	9	Numeric	Cannot be negative. From Schedule M, Line 9.
0250	4	Total Income	9	Numeric	Line 1 + Line 2 + Line 3.
0280	5	Retirement or SS Income	9	Numeric	Cannot be negative.
0290	6	Military Pay	9	Numeric	Cannot be negative.
0300	7	IL Income Tax Refund	9	Numeric	Cannot be negative.
0310	8	U.S. Obligations	9	Numeric	Cannot be negative.
0330	9	Other Subtractions Total	9	Numeric	Cannot be negative. From new Schedule M, Line 32
0335	9	Amount included in Line 9 from Schedule 1299-C box	1	Alpha	Blank or "X", "X" = box is checked, Blank = box is not checked.

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Field #	Line #	Description	Field Size	Field Type	Comments, acceptable values
0350	10	Total Subtractions	9	Numeric	Cannot be negative. Sum of Lines 5 through 9.
0360	11	Illinois Base Income	9	Numeric	Cannot be negative. Line 4 - Line 10.
0370	12a	Federal Exemption Count	2	Numeric	Right Justified, 2 digits max, significant digits only
0380	12a	Federal Exemption Allowance	9	Numeric	Cannot be negative.
0371	12b	Dependent Claimed Count	1	Numeric	Value "0", "1" or "2".
0390	12b	Dependent Claimed Exemption Allowance	9	Numeric	Cannot be negative.
0400	12c	Primary Taxpayer - 65+ Exempt. Box	1	Alpha	Blank or "X", "X" = box is checked, Blank = box is not checked.
0410	12c	Spouse - 65+ Exempt. Box	1	Alpha	Blank or "X", "X" = box is checked, Blank = box is not checked. Must be blank if filing status is Single or Married filing separate.
0415	12c	Total - 65+ Exemption Count	1	Numeric	Value "0", "1" or "2". Should be less than 2 when filing status is Single or Married filing separate.
0420	12c	65+ Exemption Allowance	9	Numeric	Max positive = 9999, Cannot be negative.
0401	12d	Primary Taxpayer - Blind Exempt. Box	1	Alpha	Blank or "X", "X" = box is checked, Blank = box is not checked.
0411	12d	Spouse - Blind Exempt. Box	1	Alpha	Blank or "X", "X" = box is checked, Blank = box is not checked. Must be blank if filing status is Single or Married filing separate.
0425	12d	Total - Blind Exemption Count	1	Numeric	Value "0", "1" or "2". Should be less than 2 when filing status is Single or Married filing separate
0430	12d	Blind Exemption Allowance	9	Numeric	Max positive = 9999, Cannot be negative.
0440	12	Total Exemption Allowance	9	Numeric	Cannot be negative.
0450	13	Resident only - Net Income	9	Numeric	Line 11 - Line 12. (Blank for NonResidents or Part-Year Residents)
0460	14	NonResident Box	1	Alpha	Blank or "X", "X" = box is checked, Blank = box is not checked.
0461	14	Part-Year Resident Box	1	Alpha	Blank or "X", "X" = box is checked, Blank = box is not checked.
0470	14	IL Base Income from Schedule NR	9	Numeric	Cannot be negative. Equals Schedule NR Line 50 . Required if NonResident or Part-Year Resident box is checked

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Field #	Line #	Description	Field Size	Field Type	Comments, acceptable values
0490	15	IL Income Tax	9	Numeric	<i>Cannot be negative.</i>
0499	16	IL Income Tax (repeated)	9	Numeric	<i>Cannot be negative. Must equal Line 15.</i>
0500	17	IL Income Tax Withheld	9	Numeric	<i>Cannot be negative. If > 0, W-2, W-2G or 1099-R must be present. Total withholding from these forms must equal Line 17.</i>
0510	18	Estimated Payments	9	Numeric	<i>Cannot be negative.</i>
0520	19	Credit from Schedule CR	9	Numeric	<i>Cannot be negative. Equals Sch CR Line 8 for Full Year IL resident and Part Year IL Residents. 0 for NonResidents.</i>
0524	20a	IL Property Tax paid	9	Numeric	<i>Cannot be negative.</i>
0526	20b	IL Property Tax Credit	9	Numeric	<i>Cannot be negative. Line 20a * 5%. Cannot be > Line 15 (Tax) - Line 19 (Sch CR Credit). 0 for NonResidents.</i>
0534	21a	K-12 Education Expenses	9	Numeric	<i>Cannot be negative. Must equal Schedule ED Line 1</i>
0536	21b	K-12 Education Expense Credit	9	Numeric	<i>Cannot be negative or > \$500. 0 for NonResidents.</i>
0544	22a	Federal Earned Income Credit	9	Numeric	<i>Cannot be negative. Equal to EIC from U.S. 1040 and must be < \$4400.</i>
0546	22b	IL Earned Income Credit	9	Numeric	<i>Cannot be negative. Line 22a * 5% for full year residents. Line 22a * 5% * Sch NR Line 52 decimal for part-year and NonResidents.</i>
0547	22	IL Earned Income Qualifying Child Born After 12/31/87 Box	1	Alpha	Blank or "X", "X" = box is checked, Blank = box is not checked. Full year residents with "To Date" with ending date = "12/31/2005"
0550	23	Credit from IL Schedule 1299-C	9	Numeric	<i>Cannot be negative.</i>
0560	24	Total Payments and Credits	9	Numeric	<i>Cannot be negative. Sum of Lines 17, 18, 19, 20b, 21b, 22b, and 23.</i>
0600	25	Overpayment	9	Numeric	<i>Cannot be negative. If Line 24 > Line 16 then Line 24 - Line 16, else blank.</i>
0610	26	IL Income Tax Due	9	Numeric	<i>Cannot be negative. If Line 16 > Line 24 then Line 16 - Line 24, else blank.</i>
0620	27	Penalty from IL-2210	9	Numeric	<i>Cannot be negative.</i>
0625	27a	Annualized Income on IL-2210 Box	1	Alpha	Blank or "X", "X" = box is checked, Blank = box is not checked.
0627	27b	Farming Income Box	1	Alpha	Blank or "X", "X" = box is checked, Blank = box is not checked.

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Field #	Line #	Description	Field Size	Field Type	Comments, acceptable values
0630	28a	Contribution - Wildlife Preservation	9	Numeric	<i>Cannot be negative.</i>
0631	28b	Contribution - Child Abuse Prevention	9	Numeric	<i>Cannot be negative.</i>
0632	28c	Contribution - Alzheimer's Research	9	Numeric	<i>Cannot be negative.</i>
0633	28d	Contribution - Homeless Assistance	9	Numeric	<i>Cannot be negative.</i>
0634	28e	Contribution - Breast Cancer Research	9	Numeric	<i>Cannot be negative.</i>
0635	28f	Contribution - Multiple Sclerosis	9	Numeric	<i>Cannot be negative.</i>
0636	28g	Contribution - Military Family Relief	9	Numeric	<i>Cannot be negative.</i>
0637	28h	Contribution - Lou Gehrig's Disease	9	Numeric	<i>Cannot be negative.</i>
0638	28i	Contribution - Illinois Veteran's Home	9	Numeric	<i>Cannot be negative.</i>
0639	28j	Contribution - Epilepsy	9	Numeric	<i>Cannot be negative.</i>
0640	28k	Contribution - Diabetes	9	Numeric	<i>Cannot be negative.</i>
0641	28l	Contribution - Colon Cancer	9	Numeric	<i>Cannot be negative.</i>
0642	28m	Contribution - Sarcoidosis	9	Numeric	<i>Cannot be negative.</i>
0643	28n	Contribution - Autism	9	Numeric	<i>Cannot be negative.</i>
0644	28o	Contribution - Blindness	9	Numeric	<i>Cannot be negative.</i>
0645	28p	Contribution - Animal Population	9	Numeric	<i>Cannot be negative.</i>
0646	28q	Contribution - Brain Tumor	9	Numeric	<i>Cannot be negative.</i>
0650	28	Total Contributions	9	Numeric	<i>Cannot be negative. Sum of Lines 28a through 28q</i>
0660	29	Total Penalty and Donations	9	Numeric	<i>Cannot be negative. Line 27 + Line 28.</i>

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Field #	Line #	Description	Field Size	Field Type	Comments, acceptable values
0670	30	Overpayment less Contributions	9	Numeric	<i>Cannot be negative. If Line 25 > 0 and > Line 29, then Line 25 - Line 29, else Blank.</i>
0680	31	Amount from Line 30 applied to 2006 estimated tax	9	Numeric	<i>Cannot be negative. Must not be > Line 30 .</i>
0690	32	IL Income Tax Refund	9	Numeric	<i>Not < 0. Line 30 - Line 31.</i>
0950	33	Routing Number	9	Numeric	Right Justified, must be valid Routing Number.
0960	33	Checking Account Box	1	Alpha	Blank or "X", "X" = box is checked, Blank = box is not checked.
0970	33	Savings Account Box	1	Alpha	Blank or "X", "X" = box is checked, Blank = box is not checked.
0972	33	Depositor Account Number	17	Alphanumeric	Right Justified.
0700	34	Amount You Owe	9	Numeric	<i>Cannot be negative. If Line 26 > 0, then Line 26 + Line 29. If Line 25 < Line 29, then Line 29 - Line 25, else Blank. Penalty and interest amounts from IL-2210 should NOT be included in this line.</i>
0800		Taxpayer's Telephone Number	10	Numeric	10 digits only - no hyphens or special characters.
0900		Paid Preparer's Name	35	Alphanumeric	Paid Preparer Name
0920		Paid Preparer's Telephone	10	Numeric	10 digits only - no hyphens or special characters.
0910		Paid Preparer's FEIN, SSN, or PTIN	9	Alphanumeric	9 digits only - no hyphens or special characters.

Section 6

Schedule NR

Field #	Line #	Description	Field Size	Field Type	Comments, acceptable values
	Static	IL Schedule NR Identifier	10	Alphanumeric	**2DILNR**
0010	3	Full Year IL Resident Yes Box	1	Alpha	Blank or "X", "X" = box is checked, Blank = box is not checked. <i>If Married Filing Jointly, and box is checked, Sch NR should not be completed.</i>
0020	3	Full Year IL Resident No Box	1	Alpha	Blank or "X", "X" = box is checked, Blank = box is not checked. <i>Must be checked if taxpayer is completing Sch NR.</i>
0030	4a	Primary Taxpayer IL Resident From Date	8	Numeric	YYYYMMDD - <i>Valid Date within Tax Year of return filed.</i> No formatting characters.
0040	4a	Primary Taxpayer IL Resident To Date	8	Numeric	YYYYMMDD - <i>Valid Date within Tax Year of return filed.</i> No formatting characters.
0045	4a	Primary Taxpayer Other State Name	2	Alpha	<i>Standard Postal Abbreviation. Only one state name.</i>
0050	4a	Primary Taxpayer Other State From Date	8	Numeric	YYYYMMDD - <i>Valid Date within Tax Year of return filed.</i> No formatting characters.
0055	4a	Primary Taxpayer Other State To Date	8	Numeric	YYYYMMDD - <i>Valid Date within Tax Year of return filed.</i> No formatting characters.
0031	4b	Secondary Taxpayer IL Resident From Date	8	Numeric	YYYYMMDD - <i>Valid Date within Tax Year of return filed.</i> No formatting characters.
0041	4b	Secondary Taxpayer IL Resident To Date	8	Numeric	YYYYMMDD - <i>Valid Date within Tax Year of return filed.</i> No formatting characters.
0046	4b	Secondary Taxpayer Other State Name	2	Alpha	<i>Standard Postal Abbreviation. Only one state name.</i>
0051	4b	Secondary Taxpayer Other State From Date	8	Numeric	YYYYMMDD - <i>Valid Date within Tax Year of return filed.</i> No formatting characters.
0056	4b	Secondary Taxpayer Other State To Date	8	Numeric	YYYYMMDD - <i>Valid Date within Tax Year of return filed.</i> No formatting characters.
0060	5	Iowa Box	1	Alpha	Blank or "X", "X" = box is checked, Blank = box is not checked.
0070	5	Kentucky Box	1	Alpha	Blank or "X", "X" = box is checked, Blank = box is not checked.
0080	5	Michigan Box	1	Alpha	Blank or "X", "X" = box is checked, Blank = box is not checked.
0090	5	Wisconsin Box	1	Alpha	Blank or "X", "X" = box is checked, Blank = box is not checked.
0100	6	Other States Lines 6a thru 6n	24	Alpha	<i>Standard Postal Abbreviations, up to 12 states.</i> Right justified, no spaces or special characters, ex. "ORCAAZ".

Section 6

Schedule NR

Field #	Line #	Description	Field Size	Field Type	Comments, acceptable values
0180	7a	Wages, Salaries, Tips	9	Numeric	<i>Cannot be negative.</i>
0190	7b	Wages, Salaries, Tips	9	Numeric	<i>Cannot be negative or > Line 7a</i>
0200	8a	Taxable Interest Income	9	Numeric	<i>Cannot be negative.</i>
0210	8b	Taxable Interest Income	9	Numeric	<i>Cannot be negative or > Line 8a</i>
0220	9a	Ordinary Dividend Income	9	Numeric	<i>Cannot be negative.</i>
0230	9b	Ordinary Dividend Income	9	Numeric	<i>Cannot be negative or > Line 9a</i>
0240	10a	Taxable Refunds, Credits, or Offsets	9	Numeric	<i>Cannot be negative.</i>
0250	10b	Taxable Refunds, Credits, or Offsets	9	Numeric	<i>Cannot be negative or > Line 10a</i>
0260	11a	Alimony Received	9	Numeric	<i>Cannot be negative.</i>
0270	11b	Alimony Received	9	Numeric	<i>Cannot be negative or > Line 11a</i>
0280	12a	Business Income or Loss	9	Numeric	Max positive amount = 999999999, Max Negative amount = -999999999
0290	12b	Business Income or Loss	9	Numeric	Max positive amount = 999999999, Max Negative amount = -999999999
0300	13a	Capital Gains or Loss	9	Numeric	Max positive amount = 999999999, Max Negative amount = -999999999
0310	13b	Capital Gains or Loss	9	Numeric	Max positive amount = 999999999, Max Negative amount = -999999999
0320	14a	Other Gains or Losses	9	Numeric	Max positive amount = 999999999, Max Negative amount = -999999999
0330	14b	Other Gains or Losses	9	Numeric	Max positive amount = 999999999, Max Negative amount = -999999999
0340	15a	Taxable IRA Distributions	9	Numeric	<i>Cannot be negative.</i>
0350	15b	Taxable IRA Distributions	9	Numeric	<i>Cannot be negative or > Line 15a</i>
0360	16a	Taxable Pensions and Annuities	9	Numeric	<i>Cannot be negative.</i>

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Schedule NR

Field #	Line #	Description	Field Size	Field Type	Comments, acceptable values
0370	16b	Taxable Pensions and Annuities	9	Numeric	Cannot be negative or > Line 16a
0380	17a	Rents, Royalties, etc.	9	Numeric	Max positive amount = 999999999, Max Negative amount = -999999999
0390	17b	Rents, Royalties, etc.	9	Numeric	Max positive amount = 999999999, Max Negative amount = -999999999
0400	18a	Farm Income or Loss	9	Numeric	Max positive amount = 999999999, Max Negative amount = -999999999
0410	18b	Farm Income or Loss	9	Numeric	Max positive amount = 999999999, Max Negative amount = -999999999
0420	19a	Unemployment Compensation	9	Numeric	Cannot be negative.
0430	19b	Unemployment Compensation	9	Numeric	Cannot be negative or > Line 19a
0440	20a	Taxable Social Security Benefits	9	Numeric	Cannot be negative.
0450	20b	Taxable Social Security Benefits	9	Numeric	Cannot be negative or > Line 20a
0460	21a	Other Income	9	Numeric	Cannot be negative.
0470	21b	Other Income	9	Numeric	Cannot be negative.
0480	22b	IL Portion of Federal Total Income	9	Numeric	Max positive = 999999999, Max Negative amount = -999999999. Sum of Lines 7B through 21B.
0487	23b	IL Portion of Federal Total Income (repeated)	9	Numeric	Max positive amount = 999999999, Max Negative amount = -999999999. Must equal Line 22b.
0488	24a	Deduction for educator expenses	9	Numeric	Cannot be negative.
0489	24b	Deduction for educator expenses	9	Numeric	Cannot be negative or > Line 24a
0490	25a	Certain business expenses	9	Numeric	Cannot be negative.
0491	25b	Certain business expenses	9	Numeric	Cannot be negative or > Line 25a
0495	26a	Deduction for Health savings account	9	Numeric	Cannot be negative.
0496	26b	Deduction for Health savings account	9	Numeric	Cannot be negative or > Line 26a

Section 6

Schedule NR

Field #	Line #	Description	Field Size	Field Type	Comments, acceptable values
0510	27a	Moving Expenses	9	Numeric	<i>Cannot be negative.</i>
0520	27b	Moving Expenses	9	Numeric	<i>Cannot be negative or > Line 27a. 0 for NonResidents.</i>
0525	28a	One-half of Self-Employment Tax	9	Numeric	<i>Cannot be negative.</i>
0526	28b	One-half of Self-Employment Tax	9	Numeric	<i>Cannot be negative or > line 28a.</i>
0535	29a	Self-Employed SEP	9	Numeric	<i>Cannot be negative.</i>
0536	29b	Self-Employed SEP	9	Numeric	<i>Cannot be negative or > line 29a.</i>
0550	30a	Self-Employed Health Insurance	9	Numeric	<i>Cannot be negative.</i>
0560	30b	Self-Employed Health Insurance	9	Numeric	<i>Cannot be negative or > line 30a.</i>
0570	31a	Penalty on Early Withdrawal	9	Numeric	<i>Cannot be negative.</i>
0580	31b	Penalty on Early Withdrawal	9	Numeric	<i>Cannot be negative or > line 31a..</i>
0590	32a	Alimony Paid	9	Numeric	<i>Cannot be negative.</i>
0600	32b	Alimony Paid	9	Numeric	<i>Cannot be negative or > line 32a .</i>
0610	33a	Total IRA Deduction	9	Numeric	<i>Cannot be negative.</i>
0620	33b	Total IRA Deduction	9	Numeric	<i>Cannot be negative or > line 33a.</i>
0630	34a	Student loan interest	9	Numeric	<i>Cannot be negative.</i>
0640	34b	Student loan interest	9	Numeric	<i>Cannot be negative or > line 34a.</i>
0650	35a	Deduction for Tuition and Fees	9	Numeric	<i>Cannot be negative.</i>
0660	35b	Deduction for Tuition and Fees	9	Numeric	<i>Cannot be negative or > line 35a.</i>
0667	36a	Domestic production activities	9	Numeric	<i>Cannot be negative.</i>

Section 6

Schedule NR

Field #	Line #	Description	Field Size	Field Type	Comments, acceptable values
0668	36b	Domestic production activities	9	Numeric	<i>Cannot be negative or > line 36a.</i>
0667	37a	Other Adjustments	9	Numeric	<i>Cannot be negative.</i>
0668	37b	Other Adjustments	9	Numeric	<i>Cannot be negative or > line 37a.</i>
0670	38b	IL Portion of Federal Adjustments to Income	9	Numeric	<i>Cannot be negative .Sum of Lines 24B through 37B.</i>
0680	39a	Federal Adjusted Gross Income	9	Numeric	Max positive amount = 999999999, Max Negative amount = -999999999
0690	40b	IL Portion of Federal AGI	9	Numeric	Max positive amount = 999999999, Max Negative amount = -999999999. Line 23B - Line 38B.
0710	41a	Federally Tax Exempt Interest	9	Numeric	<i>Cannot be negative.</i>
0720	41b	Federally Tax Exempt Interest	9	Numeric	<i>Cannot be negative or > line 41a.</i>
0730	42a	Other Additions Total	9	Numeric	<i>Cannot be negative. Must be equal to IL-1040, Line 3.</i>
0740	42b	Other Additions Total	9	Numeric	<i>Cannot be negative or > line 42a</i>
0750	43b	IL Portion of Your Total Income	9	Numeric	Max positive amount = 999999999, Max Negative amount = -999999999. Sum of Lines 40B through 42B.
0760	44a	Federally Taxed SS & Retirement	9	Numeric	<i>Cannot be negative.</i>
0770	44b	Federally Taxed SS & Retirement	9	Numeric	<i>Cannot be negative or > line 44a.</i>
0780	45a	Military Pay	9	Numeric	<i>Cannot be negative.</i>
0790	45b	Military Pay	9	Numeric	<i>Cannot be negative or > line 45a.</i>
0800	46a	IL Income Tax Refund	9	Numeric	<i>Cannot be negative.</i>
0810	46b	IL Income Tax Refund	9	Numeric	<i>Cannot be negative or > line 46a.</i>
0820	47a	U.S. Government Obligations	9	Numeric	<i>Cannot be negative.</i>
0830	47b	U.S. Government Obligations	9	Numeric	<i>Cannot be negative or > line 47a.</i>

Section 6

Schedule NR

Field #	Line #	Description	Field Size	Field Type	Comments, acceptable values
0840	48a	Other Subtractions	9	Numeric	<i>Cannot be negative. Must be equal to IL-1040, Line 9.</i>
0850	48b	Other Subtractions	9	Numeric	<i>Cannot be negative or > line 48a.</i>
0860	49b	Total IL Subtractions	9	Numeric	<i>Cannot be negative. Sum of Lines 44B through 48B.</i>
0870	50	Illinois Base Income	9	Numeric	Max positive amount = 999999999. <i>Line 43B - Line 49B. If Line 49B > Line 43B, then 0.</i>
0880	51	Illinois Base Income from IL-1040	9	Numeric	<i>Cannot be negative.</i>
0890	52	Line 50 divided by Illinois Base Income Line 51	5	Numeric	<i>Ratio, round to third decimal, EXAMPLE = 0.93366 rounds to 0.934 and is formatted in the barcode as 09340. If Line 50 <= \$0 then 0. If Line 51 < Line 50 then 1.00.</i>
0900	53	Exemption Allowance from IL-1040	9	Numeric	<i>Cannot be negative.</i>
0910	54	IL Exemption Allowance	9	Numeric	<i>Cannot be negative. Line 53 * Line 52 (decimal).</i>
0920	55	IL Net Income	9	Numeric	<i>Cannot be negative. Line 50 - Line 54.</i>
0930	56	IL Income Tax	9	Numeric	<i>Cannot be negative. Line 55 * 3% (0.03).</i>

Section 7

Schedule M

Field #	Line #	Description	Field Size	Field Type	Comments, acceptable values
	Static	IL Schedule M Identifier	10	Alphanumeric	**2DILM**
0010	1	Child's Federally- exempt Interest & Dividend Income	9	Numeric	<i>Cannot be negative.</i>
0020	2	Distributive share of additions from partnership, S corp., estate, or trust	9	Numeric	<i>Cannot be negative.</i>
0030	3	Withdrawals from Medical Care Savings Account	9	Numeric	<i>Cannot be negative.</i>
0040	4	Lloyds plan of operations loss from IL-1023-C	9	Numeric	<i>Cannot be negative.</i>
0050	5	Earnings distributed from IRC Section 529 College Savings & Tuition Prog.	9	Numeric	<i>Cannot be negative.</i>
0060	6	IL Special Depreciation addition from IL-4562	9	Numeric	<i>Cannot be negative.</i>
0070	7	Business expense recapture	9	Numeric	<i>Cannot be negative. Non Residents only</i>
0080	8	Other Income	9	Numeric	<i>Cannot be negative.</i>
0090	9	Add Lines 1 through 8	9	Numeric	<i>Cannot be negative.</i>
0100	10a	"Bright Start" College Savings Pool Contributions	9	Numeric	<i>Cannot be negative.</i>
0101	10b	"College Illinois" Prepaid Tution Program	9	Numeric	<i>Cannot be negative.</i>
0110	11	Distributive share of subtractions from partnership, S corp., estate, or trust	9	Numeric	<i>Cannot be negative.</i>
0120	12	Restoration of amounts held under claim of right	9	Numeric	<i>Cannot be negative.</i>
0130	13	Contributions to a job training project	9	Numeric	<i>Cannot be negative.</i>
0140	14	Expenses related to federal credits or federal tax-exempt income	9	Numeric	<i>Cannot be negative.</i>
0150	15	Interest earned on investments - Home Ownership Made Easy Program	9	Numeric	<i>Cannot be negative.</i>
0160	16	IL Special Depreciation subtraction from IL-4562	9	Numeric	<i>Cannot be negative.</i>
0170	17	Add Lines 10 through 16	9	Numeric	<i>Cannot be negative.</i>

Section 7

Schedule M

Field #	Line #	Description	Field Size	Field Type	Comments, acceptable values
0180	18	Amount from page 1, Line 17	9	Numeric	<i>Cannot be negative.</i>
0190	19	Valuation limitation amount from Schedule F	9	Numeric	<i>Cannot be negative.</i>
0200	20	Enterprise zone & high impact business dividend subtraction	9	Numeric	<i>Cannot be negative.</i>
0210	21	Recovery of items previously deducted U.S. 1040, Schedule A	9	Numeric	<i>Cannot be negative.</i>
0220	22	Ridesharing money & other benefits	9	Numeric	<i>Cannot be negative.</i>
0230	23	Payment of life insurance, endowment, or annuity benefits received	9	Numeric	<i>Cannot be negative.</i>
0240	24	Employer's contribution for Medical Care Savings Account	9	Numeric	<i>Cannot be negative.</i>
0250	25	Lloyds plan of operations income from IL-1023-C	9	Numeric	<i>Cannot be negative.</i>
0260	26	Income earned under IL Pre-Need Cemetery Sales Act	9	Numeric	<i>Cannot be negative.</i>
0270	27	Education loan repayments made for primary care physicians	9	Numeric	<i>Cannot be negative.</i>
0280	28	Reparations or other amounts received as victim of persecution	9	Numeric	<i>Cannot be negative.</i>
0290	29a	IL Housing Development Authority bonds & notes	9	Numeric	<i>Cannot be negative.</i>
0300	29b	Export Development Act Bonds	9	Numeric	<i>Cannot be negative.</i>
0310	29c	IL Development Finance Authority bonds, notes, & other	9	Numeric	<i>Cannot be negative.</i>
0320	29d	Quad Cities Regional Economic Development Authority bonds & notes	9	Numeric	<i>Cannot be negative.</i>
0330	29e	College Savings bonds	9	Numeric	<i>Cannot be negative.</i>
0340	29f	IL Sports Facilities Authority bonds	9	Numeric	<i>Cannot be negative.</i>
0350	29g	Higher Education Student Assistance Act bonds	9	Numeric	<i>Cannot be negative.</i>
0360	29h	IL Development Finance Authority bonds	9	Numeric	<i>Cannot be negative.</i>

Section 7

Schedule M

Field #	Line #	Description	Field Size	Field Type	Comments, acceptable values
0370	29i	Rural Bond Bank Act bonds & notes	9	Numeric	<i>Cannot be negative.</i>
0380	29j	IL Development Finance Authority bonds under Asbestos Abatement Fin. Act	9	Numeric	<i>Cannot be negative.</i>
0390	29k	Quad Cities Interstate Metropolitan Authority bonds	9	Numeric	<i>Cannot be negative.</i>
0400	29l	Southwestern IL Development Authority bonds	9	Numeric	<i>Cannot be negative.</i>
0401	29m	IL Finance Authority bonds	9	Numeric	<i>Cannot be negative.</i>
0403	30a	Guam bonds	9	Numeric	<i>Cannot be negative.</i>
0404	30b	Puerto Rico bonds	9	Numeric	<i>Cannot be negative.</i>
0405	30c	Virgin Island bonds	9	Numeric	<i>Cannot be negative.</i>
0406	30d	American Samoa bonds	9	Numeric	<i>Cannot be negative.</i>
0407	30e	Northern Mariana Island bonds	9	Numeric	<i>Cannot be negative.</i>
0408	30f	Mutual Mortgage Insurance bonds bonds	9	Numeric	<i>Cannot be negative.</i>
0410	31	Child's interest earned from U.S. Treasury & U.S. obligations from U.S. Form 8814	9	Numeric	<i>Cannot be negative.</i>
0430	32	Total Other Subtractions	9	Numeric	<i>Cannot be negative. Add Lines 18 through 31.</i>

Section 8

Schedule ED

Field #	Line #	Description	Field Size	Field Type	Comments, acceptable values
	Static	IL Schedule ED Identifier	10	Alphanumeric	**2DILED**
0010	1a	Student Last Name	20	Alpha	
0015	1a	Student First Name	15	Alpha	
0020	1a	Student SSN	9	Numeric	9 digits only - no hyphens or special characters. Required field. Should not equal Primary or Secondary SSN. Must be within valid range established by IRS.
0025	1a	Grade (K-12 only)	2	Alphanumeric	Right justified, values "K" or 1 through 12. Required field.
0030	1a	School Name	35	Alphanumeric	Allowable special character is: space
0035	1a	School City (IL cities only)	20	Alpha	Allowable special character is: space
0040	1a	Total Tuition, Book/Lab Fees	9	Numeric	Cannot be negative.
0050	1b	Student Last Name	20	Alpha	
0055	1b	Student First Name	15	Alpha	
0060	1b	Student SSN	9	Numeric	9 digits only - no hyphens or special characters. Required field. Should not equal Primary or Secondary SSN. Must be within valid range established by IRS.
0065	1b	Grade (K-12 only)	2	Alphanumeric	Right justified, values "K" or 1 through 12. Required field.
0070	1b	School Name	35	Alphanumeric	Allowable special character is: space
0075	1b	School City (IL cities only)	20	Alpha	Allowable special character is: space
0080	1b	Total Tuition, Book/Lab Fees	9	Numeric	Cannot be negative.
0090	1c	Student Last Name	20	Alpha	
0095	1c	Student First Name	15	Alpha	

Section 8

Schedule ED

Field #	Line #	Description	Field Size	Field Type	Comments, acceptable values
0100	1c	Student SSN	9	Numeric	9 digits only - no hyphens or special characters. Required field. Should not equal Primary or Secondary SSN. Must be within valid range established by IRS.
0105	1c	Grade (K-12 only)	2	Alphanumeric	Right justified, values "K" or 1 through 12. Required field.
0110	1c	School Name	35	Alphanumeric	Allowable special character is: space
0115	1c	School City (IL cities only)	20	Alpha	Allowable special character is: space
0120	1c	Total Tuition, Book/Lab Fees	9	Numeric	Cannot be negative.
0130	1d	Student Last Name	20	Alpha	
0135	1d	Student First Name	15	Alpha	
0140	1d	Student SSN	9	Numeric	9 digits only - no hyphens or special characters. Required field. Should not equal Primary or Secondary SSN. Must be within valid range established by IRS.
0145	1d	Grade (K-12 only)	2	Alphanumeric	Right justified, values "K" or 1 through 12. Required field.
0150	1d	School Name	35	Alphanumeric	Allowable special character is: space
0155	1d	School City (IL cities only)	20	Alpha	Allowable special character is: space
0160	1d	Total Tuition, Book/Lab Fees	9	Numeric	Cannot be negative.
0170	1e	Student Last Name	20	Alpha	
0175	1e	Student First Name	15	Alpha	
0180	1e	Student SSN	9	Numeric	9 digits only - no hyphens or special characters. Required field. Should not equal Primary or Secondary SSN. Must be within valid range established by IRS.
0185	1e	Grade (K-12 only)	2	Alphanumeric	Right justified, values "K" or 1 through 12. Required field.
0190	1e	School Name	35	Alphanumeric	Allowable special character is: space

Section 8

Schedule ED

Field #	Line #	Description	Field Size	Field Type	Comments, acceptable values
0195	1e	School City (IL cities only)	20	Alpha	Allowable special character is: space
0200	1e	Total Tuition, Book/Lab Fees	9	Numeric	Cannot be negative.
0210	1f	Student Last Name	20	Alpha	
0215	1f	Student First Name	15	Alpha	
0220	1f	Student SSN	9	Numeric	9 digits only - no hyphens or special characters. Required field. Should not equal Primary or Secondary SSN. Must be within valid range established by IRS.
0225	1f	Grade (K-12 only)	2	Alphanumeric	Right justified, values "K" or 1 through 12. Required field.
0230	1f	School Name	35	Alphanumeric	Allowable special character is: space
0235	1f	School City (IL cities only)	20	Alpha	Allowable special character is: space
0240	1f	Total Tuition, Book/Lab Fees	9	Numeric	Cannot be negative.
0250	1g	Student Last Name	20	Alpha	
0255	1g	Student First Name	15	Alpha	
0260	1g	Student SSN	9	Numeric	9 digits only - no hyphens or special characters. Required field. Should not equal Primary or Secondary SSN. Must be within valid range established by IRS.
0265	1g	Grade (K-12 only)	2	Alphanumeric	Right justified, values "K" or 1 through 12. Required field.
0270	1g	School Name	35	Alphanumeric	Allowable special character is: space
0275	1g	School City (IL cities only)	20	Alpha	Allowable special character is: space
0280	1g	Total Tuition, Book/Lab Fees	9	Numeric	Cannot be negative.
0281	1h	Student Last Name	20	Alpha	
0282	1h	Student First Name	15	Alpha	

Section 8

Schedule ED

Field #	Line #	Description	Field Size	Field Type	Comments, acceptable values
0283	1h	Student SSN	9	Numeric	9 digits only - no hyphens or special characters. Required field. Should not equal Primary or Secondary SSN. Must be within valid range established by IRS.
0284	1h	Grade (K-12 only)	2	Alphanumeric	Right justified, values "K" or 1 through 12. Required field.
0285	1h	School Name	35	Alphanumeric	Allowable special character is: space
0286	1h	School City (IL cities only)	20	Alpha	Allowable special character is: space
0287	1h	Total Tuition, Book/Lab Fees	9	Numeric	Cannot be negative.
0291	1i	Student Last Name	20	Alpha	
0292	1i	Student First Name	15	Alpha	
0293	1i	Student SSN	9	Numeric	9 digits only - no hyphens or special characters. Required field. Should not equal Primary or Secondary SSN. Must be within valid range established by IRS.
0294	1i	Grade (K-12 only)	2	Alphanumeric	Right justified, values "K" or 1 through 12. Required field.
0095	1i	School Name	35	Alphanumeric	Allowable special character is: space
0296	1i	School City (IL cities only)	20	Alpha	Allowable special character is: space
0297	1i	Total Tuition, Book/Lab Fees	9	Numeric	Cannot be negative.
0301	1j	Student Last Name	20	Alpha	
0302	1j	Student First Name	15	Alpha	
0303	1j	Student SSN	9	Numeric	9 digits only - no hyphens or special characters. Required field. Should not equal Primary or Secondary SSN. Must be within valid range established by IRS.
0304	1j	Grade (K-12 only)	2	Alphanumeric	Right justified, values "K" or 1 through 12. Required field.
0305	1j	School Name	35	Alphanumeric	Allowable special character is: space

Section 8

Schedule ED

Field #	Line #	Description	Field Size	Field Type	Comments, acceptable values
0306	1j	School City (IL cities only)	20	Alpha	Allowable special character is: space
0307	1j	Total Tuition, Book/Lab Fees	9	Numeric	Cannot be negative.
0310	1	Total Amount of Education Exp.	9	Numeric	Cannot be negative. Value must equal total of Line 1, Column F fields.
0320	2	Excluded Amount	9	Numeric	Right justified, Value is 250.
0330	3	Qualified Education Exp. Amt.	9	Numeric	Cannot be negative. Line 1 - Line 2
0340	4	Multiply Line 4 by 25% (0.25)	9	Numeric	Cannot be negative. Line 3 * 25% (0.25).
0350	5	Tax Amount from IL-1040	9	Numeric	Cannot be negative.
0360	6	Credit for Tax Paid to other states	9	Numeric	Cannot be negative.
0370	7	Property Tax Credit	9	Numeric	Cannot be negative.
0380	8	Total IL-1040 Credits	9	Numeric	Cannot be negative. Line 6 + Line 7.
0390	9	Net Qualifying Amount	9	Numeric	Cannot be negative. Line 5 - Line 8
0400	10	Education Expense Credit Amount	9	Numeric	Cannot be negative. Must be lesser amount of Line 4, Line 9, or \$500. But not > 500.

Section 9

IL - 4562

Field #	Line #	Description	Field Size	Field Type	Comments, acceptable values
	Static	IL-4562 Identifier	12	Alphanumeric	**2DIL4562**
0010	1	Depreciation Allowance	9	Numeric	<i>Cannot be negative.</i>
0020	2	Individual Depreciation Amount	9	Numeric	<i>Cannot be negative.</i>
0030	3	Sales or Transfers	9	Numeric	<i>Cannot be negative.</i>
0040	4	IL Special Depreciation Addition	9	Numeric	<i>Cannot be negative. Line 1 + Line 2 + Line 3.</i>
0050	5	Depreciation Allowance	9	Numeric	<i>Cannot be negative.</i>
0060	6	Individual Depreciation Amount	9	Numeric	<i>Cannot be negative.</i>
0070	7	Add Lines 5 and 6	9	Numeric	<i>Cannot be negative. Line 5 + Line 6.</i>
0080	8	Multiply Line 7 by 42.9% (0.429)	9	Numeric	<i>Cannot be negative. Line 7 * 0.429</i>
0090	9	Sales or Transfers	9	Numeric	<i>Cannot be negative.</i>
0100	10	IL Special Depreciation Subtraction	9	Numeric	<i>Cannot be negative. Line 8 + Line 9.</i>

Section 10

Schedule 1299-C

Field #	Line #	Description	Field Size	Field Type	Comments, acceptable values
	Static	IL Schedule 1299-C Identifier	14	Alphanumeric	**2DIL1299-C**
0010	3	Enterprise Zone Dividend Subtraction	9	Numeric	<i>Cannot be negative.</i>
0020	6	High Impact Business Dividend Subtraction	9	Numeric	<i>Cannot be negative.</i>
0030	8	TECH-PREP Youth Vocational Programs Credit	9	Numeric	<i>Cannot be negative.</i>
0040	9	Dependent Care Assistance Program Credit	9	Numeric	<i>Cannot be negative.</i>
0050	11	Film Production Services Tax Credit	9	Numeric	<i>Cannot be negative.</i>
0060	12, Col F	Total Jobs Tax Credit	9	Numeric	<i>Cannot be negative.</i>
0070	14	High Impact Business Invest. Credit	9	Numeric	<i>Cannot be negative.</i>
0080	17	Enterprise Zone Invest. Credit	9	Numeric	<i>Cannot be negative.</i>
0090	20	EDGE Tax Credit	9	Numeric	<i>Cannot be negative.</i>
0100	23	Affordable Housing Donations Tax Credit	9	Numeric	<i>Cannot be negative.</i>
0110	27	Environmental Remediation Tax Credit	9	Numeric	<i>Cannot be negative.</i>
0120	36	Research and Development Credit	9	Numeric	<i>Cannot be negative.</i>

Section 11

Form W-2

Field #	Line #	Description	Field Size	Field Type	Comments, acceptable values
	Static	W-2 Identifier	11	Alphanumeric	**2DILW-2**
040	b	Employer Identification number	9	Numeric	9 digits only - no hyphens or special characters. Required Field. If form is present, cannot be zero filled or blank.
080	d	Employee's SSN	9	Numeric	9 digits only - no hyphens or special characters. Required Field. Must be within valid range established by IRS
370	15	State Name	2	Alpha	Standard Postal Abbreviation. Required Field. Only one state name. If form is present, cannot be zero filled or blank.
390	16	State Wages, Tips, etc.	9	Numeric	Cannot be negative. Required Field. If IL withholding is present, then State Wages , Tips, etc. must be > 0.
400	17	State Income Tax	9	Numeric	Cannot be negative.

Section 12

Form W-2G

Field #	Line #	Description	Field Size	Field Type	Comments, acceptable values
	Static	W-2G Identifier	12	Alphanumeric	**2DILW-2G**
040	1	Gross Winnings	9	Numeric	Cannot be negative.
150	9	Winner's SSN	9	Numeric	9 digits only - no hyphens or special characters. Required Field. Must be within valid range established by IRS
200	13	State Name	2	Alpha	Standard Postal Abbreviation. Required Field. Only one state name. If form is present, cannot be zero filled or blank.
201	13	State/Payer's State ID no.	14	Alphanumeric	No hyphens or special characters. Required Field.
210	14	State Income Tax Withheld	9	Numeric	Cannot be negative.

Section 13

Form 1099-R

Field #	Line #	Description	Field Size	Field Type	Comments, acceptable values
	Static	1099-R Identifier	14	Alphanumeric	**2DIL1099-R**
050	Payer's FEIN	Payer's Federal Identification number	9	Numeric	9 digits only - no hyphens or special characters. Required Field. If form is present, cannot be zero filled or blank.
060	Recipient's Identification Number	Recipient's SSN	9	Numeric	9 digits only - no hyphens or special characters. Required Field. Must be within valid range established by IRS
240	10	State Income Tax Withheld	9	Numeric	Cannot be negative.
246	11	State Name	2	Alpha	Standard Postal Abbreviation. Required Field. Only one state name. If form is present, cannot be zero filled or blank.
255	12	State Distribution	9	Numeric	Cannot be negative.

Section 14

1040 Trailer

Field Reference	Description	Field Size	Field Type	Comments, acceptable values
Static	End-of-Barcode marker	5	Alpha	*EOD* .

DRAFT
9/30/05